

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart..
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Class A

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
OCT 24 2012

Bayfield Co. Zoning Dept.

Permit #:	12-0452
Date:	11-16-12
Amount Paid:	\$17510.25-12
Return:	(a17+217a)

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Janice Kufeldt</u>	Mailing Address: <u>19375 130th St. Bloomer, WI 54724</u>	Telephone: <u>715-568-3575</u>
Address of Property: <u>45918 S. Lake Owen Dr.</u>	City/State/Zip: <u>Cable, WI 54821</u>	Cell Phone:
Contractor: <u>North Country Vacation Rentals</u>	Contractor Phone: <u>739-6645</u>	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Kathleen Johnson</u>	Agent Phone: <u>715-739-6645</u>	Agent Mailing Address (include City/State/Zip): <u>Box 130 Drummond, WI 54832</u>
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-02-2-43-07-03-2-05-004-09004</u>
<u>1/4, 1/4</u>	Gov't Lot <u>2</u> Lot(s) <u>523</u> CSM <u>4.19</u> Vol & Page	Lot(s) No. Block(s) No. Subdivision:
Section <u>3</u> , Township <u>43</u> N, Range <u>7</u> W	Town of: <u>Cable</u>	Lot Size Acreage <u>1.607</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue -->	Distance Structure is from Shoreline: <u>46</u> feet Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/City	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary Specify Type: <u>sewer</u>	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>sewer</u>	<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> 3 <input type="checkbox"/> Sanitary (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> No Basement <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<u>512</u>						

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Special Use: (explain) <u>Short-Term Rental</u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign all letters(s) of authorization must accompany this application)
Authorized Agent: Kathleen Johnson _____ Date 10/4/12
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit P.O. Box 130, Drummond, WI 54832 Attach Copy of Tax Statement ☒
If you recently purchased the property send your Recorded Deed

	Proposed Construction
(1) Show Location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

Sanitary Number:	389363	# of bedrooms:	3	Sanitary Date:	10-23-01
Issuance Information (County Use Only)					

Sanitary Date: 10-23-01

11-16-18

☐ Yes ☒ No
☐ Yes ☒ No

Case #:

☒ Yes _____ ☐ No _____

☒ Yes _____ ☐ No _____

Zoning District (RRB)

Mr. F. W. W. W.

☐ No - (If No they need to be attached.)

15-37-13

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Class A

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
OCT 24 2012

Application No.: 12-0453
Date: 11-16-12
Zoning District: R-1, Class 2
Amount Paid: \$175.00 (att'n 2172)

INSTRUCTIONS: No permits will be issued until all fees are paid Bayfield Co. Zoning Dept.

Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department.

LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☒ B.O.A. ☐ OTHER _____

Use Tax Statement for Legal Description

Legal Description SE 1/4 of NE 1/4 of Section 1 Township 43 North, Range 8 West, Town of Cable

Gov't Lot 3 Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 26.32

Volume 702 Page 374 of Deeds Parcel I.D. 04-012-2-43-08-01-1 05-003-10000

Property Owner George D. Hugg North Country Vacation Rentals Contractor (Phone) 739-6645

Address of Property 4553 SE Cable Lake Rd. Plumber _____

Cable WI 54821 Authorized Agent Kathleen Johnson (Phone) 739-6645

Telephone 715-739-6444 (Home) Jane (Work) Written Authorization Attached: Yes ☒ No ☐

Is your structure in a Shoreland Zone? Yes ☒ No ☐ If yes, Distance from Shoreline: greater than 75' ☐ 75' to 40' ☐ less than 40' ☐

Structure: New Addition Existing ☒ Basement: Yes _____ No ☒ Number of Stories 1

Fair Market Value _____ Square Footage _____ Sanitary: New Existing ☒ Privy _____ City _____

USE: Type of Septic/Sanitary System Bone 1211 ft

☐ * Residence or Principal Structure (# of bedrooms) _____ ☐ Mobile Home (manufactured date) _____

Residence sq. ft. _____ ☐ Commercial Principal Building _____

☐ * Residence w/deck-porch (# of bedrooms) _____ ☐ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ ☐ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ ☐ Commercial Accessory Building Addition (explain) _____

☐ Residential Addition / Alteration (explain) _____ ☒ Special/Conditional Use (explain) Short-term Rental

☐ Residential Accessory Building (explain) _____ ☐ External Improvements to Principal Building (explain) _____

☐ Residential Accessory Building Addition (explain) _____ ☐ External Improvements to Accessory Building (explain) _____

☐ Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) _____ Date 10/14/12

Address to send permit Boy 130 Drummond, WI 54832

ATTACH

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Copy of Tax Statement or
(If you recently purchased the property
Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 07-635 Date 5-29-07

Date 11-16-12 Permit Number 12-0453 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structure is existing. Ample parking area.

By M. Futsch Date of Inspection 10-19-12

Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # _____

Condition: See Town Board approval.

Rec'd for Issuance

NOV 16 2012 Signed Michael Futsch 10-22-12

Secretarial SIGN Date of Approval

Hold for system evaluation. -OK

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp Received
OCT 23 2012

Permit #: 12-0450
Date ENTERED 11-16-12
Amount \$505.00
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept
HOW DO I FILE? THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Mailing Address: 5314 Spicebush Lane, Madison, WI 53714	City/State/Zip: 53714	Telephone: 608
Owner's Name: Cheryl Faust	Contractor Phone: 325-3316	Plumber: 577-9536	Cell Phone: 608
Address of Property: XXX Old Lake Rd	Agent Phone: 325-3316	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Contractor: Russell Plato	PIN: (23 digits) 04-012-2-43-08-27-2-03-000-40000	Recorded Document: (i.e. Property Ownership) Volume 1000 Page(s) 24	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Lot(s) Gov't Lot	CSM	Vol & Page
PROJECT LOCATION: SW 1/4, NW 1/4	Lot(s) No.	Block(s) No.	Subdivision:
Section 27, Township 43 N, Range 8 W	Lot Size	Acres	6.257
Town of: Cable	Distance Structure Is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	Distance Structure Is from Shoreline: 504 feet		

Value at Time of Completion * include donated time & material \$ 110,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: CONV	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	<input type="checkbox"/> Principal Structure (first structure on property)	(26 x 34)	884
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(30 x 30)	400
	with Loft	()	
	with a Porch	()	
	with (2nd) Deck	()	
	with a Deck	()	
	with (2nd) Deck	()	
<input type="checkbox"/> Commercial Use	with Attached Garage	()	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	()	
	Mobile Home (manufactured date)	()	
	Addition/Alteration (specify)	()	
	Accessory Building (specify)	()	
	Accessory Building Addition/Alteration (specify)	()	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	()	
	Conditional Use: (explain)	()	
	Other: (explain)	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Cheryl Faust
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance: Russell Plato, 601 E. Valley Ct., Wisconsin
Address to send permit: NOV 16 2012

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Date 10-21-12

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	45' Feet	Setback from the River, Stream, Creek	150' Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from Wetland	40' Feet
Setback from the South Lot Line	750' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the West Lot Line	102 Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	150 Feet		
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	N/A Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 12-1345	# of bedrooms: 3	Sanitary Date: 10-31-12
Permit Denied (Date):	Reason for Denial:			
Permit #: 12-0456	Permit Date: 11-10-12			
Is Parcel a Sub-Standard Lot: <input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No	Is Parcel in Common Ownership: <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Required Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: Meet to all setbacks.		Zoning District (F-1) Lakes Classification (3)		
Date of inspection: 10-30-12	Inspected by: M. Furtak	Date of Re-Inspection:		
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Must use best management practices (silt fence etc.) to prevent siltation of small wetland wetlands on and adjacent to the property.				
Signature of Inspector: Michael Swick		Date of Approval: 10-31-12		
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input checked="" type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____